PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

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I	10	11.1110161

Application or Docket Number

Ellective October 1, 2004							<i>:</i> ·		10	<i> QU</i>	1401	
CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL TYPE	EKTITY	· OR		R THAN ENTITY
T	TOTAL CLAIMS			. 100.01111				RATE	FEE		RATE	FEE
FOR·			NUMBER FILED		NUMBER EXTRA		Ì	BASIC F		 ₹	BASIC FEE	
TOTAL CHARGEABLE, CLAIMS			minus 20=		•			×25		OR	x-50	
INDEPENDENT CLAIMS			ninus 3 =		*	·	ļ	x/0.0		OR		
MULTIPLE DEPENDENT CLAIM PRESENT						ł	•				+	
* If the difference in column 1 is less than zero, enter					"0" in (column 2	Į	41.80 TOTAL		OR	+360 TOTAL	
1-1-05 CLAIMS AS AMENDED - PART						•		•	LENTITY	OR	OTHER SMALL:	
ļ		(Column 1) T CLAIMS		(Colun	وستعدم بأباه المهارا المسام	(Column 3)	r	JIIACI	-		The state of the s	ADDI-
ENTA		REMAINING AFTER AMENDMENT		PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE	. 1	RATE	TIONAL FEE
AMENDME	Total	. 6	Minus	02	20	=		× 25		OR	×50	
ME	Independent	* /	Minus		3_	=		×100)	OR	x200	
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+180		OR	+360	
•	,						Ş-a	TOTA			LATOT	
		(Column 1)		(Colum	aa 2\	(Column 3)	Al	DON. FEI	<u> </u>		ADDIT. FEE	how
NT B		(Column 1) CLAIMS REMAINING AFTER		(Colum HIGHI NUME PREVIO	EST BER	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOW	Total	<u> </u>	Minus	3-4		1 =		× 25		OR	×50	
ARCE	independal	3	Minus	\$ % % 'K		:		× 100	-:	OR	1200	Transfer N. 77
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
				•		•	Ŀ	+180		OR	+360	
						-	A.	TOTAL ODIT, FEE	•	OR	TOTAL ADDIT. FEE	
(France					·	4.5						
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ALIONAL TIONAL FEE
AMENDMENT	Total	*	Minus	del		= : :		×25		OR	x 50	
ME	Independent	*	Minus	***		=		× 100		OR	×200	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		· -			1.	20	
4 5 :	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+ 180		OR	+560	AND THE PARTY OF T
t	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter ""."							101AL DOT, FEE	T	OR	TOTAL ADDIT, FEE	<u> </u>
	t use "Highest Num	mber Previously Pai iber Previously Pai	d For (Total o	is stace is Independent :	ny is the	highest n'rm' er	found	d in the ac	opropriate bo	ox in cot	umn 1 •	•